

**MIDWIFERY ADVISORY COMMITTEE**

**MEETING MINUTES**

June 4, 2002

COMMITTEE MEMBERS

PRESENT: Morgan Martin, LM, ND  
Marijke van Roojen, LM  
Barry Brown, MD  
Leslie Gesner, LM  
Jennifer Durrie, Public Member  
Kathleen Naughton, CNM

STAFF PRESENT: Paula Meyer, Executive Director  
Kendra Pitzler, Program Manager

OTHERS PRESENT: Amanda Feldman, LM  
Debra O'Connor, CNM

OPEN SESSION:

1. Call to Order

The meeting was called to order at 9:50 a.m.

1.1. Approval of Agenda

The Agenda was approved with a minor change to item 2.

1.2. Approval of Minutes - February 5, 2002

Changes were made to section 2 of the February 5, 2002 minutes. In addition, minor changes were made to section 4 and section 8. The minutes were approved as revised.

2. Standard of Practice

The Committee discussed the rules process for rules adoption for secretary professions. It was noted that the Secretary is responsible for rules and public safety. The Midwifery Advisory Committee is empowered to give the Secretary advice and recommendations per RCW 18.50.150. The Department will set a time to obtain public comment. This will take place in the form of video-conferencing in different areas of the state. Staff will conduct the meeting from Olympia and interested parties may participate from Olympia, North Seattle and Spokane. The Committee asked if there could also be a meeting room in the Tri-Cities area. Staff indicated they would check into this.

The Committee Members wanted it to be clear that their recommendation is to adopt a rule to reference a document such as the Midwives Association of Washington State (MAWS) rather than adopting the standards in rule. The Midwives Alliance of North America (MEAC) and the North American Registry of Midwives (NARM) have documents relating to core competencies and Qualification but these documents do not seem to address the Standards of Practice and Practice Guideline issues needed for these rules. In addition, there is a new organization being set up which is composed of "Certified Professional Midwives (CPM's)". The CPM credential is awarded through NARM. This organization may develop standards in the future but that may be a long time coming. For now, the Committee is suggesting adopting the revised document for "Practice Guidelines for Risk Screening and Indications for Consultation and Referral for Out-Of-Hospital Birth" developed by MAWS. This document covers the type of guidelines needed for the Standard of Practice Rules and is relevant to practice in Washington State. Other documents may be reviewed in the future.

The Committee discussed whether the rule could adopt "the most current copy" of a document. After reviewing the Nursing Laws and checking with the Department of Health Rules Coordinator, it was determined that the rules must reference a specific document, including the date of origin.

It was noted that MAWS has not yet approved the new version of their "Practice Guidelines". They still need to send it to their constituency for comment and may need revisions based on those comments. Then it will need to be approved by the MAWS Board. A time-line was set which would place the public meeting at the end of September. This will give MAWS enough time to adopt the new version of their document. MAWS wishes to obtain comment from all licensed midwives and will be requesting labels from the Department. The Committee asked that the Department fulfill this request as soon as possible.

#### 2.1. Legend Drugs and Devices

The Committee discussed whether the public meeting for "Standard of Practice" rules should also include comments for an amendment to "Legend Drugs and Devices", WAC 246-834-250. It was noted that the Secretary must obtain comment from representatives of the Pharmacy Board and the Medical Quality Assurance Commission, according to RCW 18.50.115. This may prolong the rules process for Legend Drugs and Devices. It was determined that the rules should be filed separately but that comments could be obtained at the same public meeting in September.

Some recommendations for amending these rules were as follows:

- Under section (1)(a), change "DeLee type mucous traps" to "Suction Devices".
- Under (1)(b), add cervical caps.
- Under section (2)(a), add normal saline and sterile water for local injections.
- Under section (2)(b), add Epinephrine for use in neonatal resuscitation for midwives who have an NRP certification. Also add IM Terbutaline for use as a tocolytic for intrapartum/intrauterine resuscitation.
- Under section (2)(c), change "Rubella Vaccine to non-immune postpartum women" to "Rubella or MMR vaccine to Rubella non-immune postpartum women"
- Add antibiotics for use in treatment of urinary tract infection and intrapartum prophylaxis.
- Add anti-hemorrhagic drugs to control postpartum hemorrhage.

The Committee also discussed devices such as limited ultrasound and vacuum extractor. It was recommended that the Department ask MAWS to address this issue elsewhere.

3. Budget Review.

The Committee reviewed the budget reports from March and April, 2002. Staff explained that Program continues to implement costs saving measures. Beginning June 1, 2002, Program now uses a staff attorney to draft the Statement of Charges and negotiate settlements. Since it costs the Program less to use staff attorneys rather than assistant attorney generals, this move is expected to help contain costs. However, it is noted that if settlement is not reached and a case goes to hearing, the assistant attorney general is required by law to perform the prosecution.

The Committee indicated that they would like to see more midwifery input into the investigation process. It was suggested that a midwife from the committee should help formulate questions to fit the midwifery model of practice. The Committee has concerns that Program may be investigating acceptable practices in the midwifery model because the medical model is different.

Ms. Meyer indicated that the Committee does not have the authority in its law to guide and direct an investigation.

The Committee is still recommending the following:

- When a complaint is received, a midwife committee member who can recommend if the complaint should be investigated and which items are worth looking into should review it.
- The investigator should be able to contact a licensed midwife committee member regarding general, generic questions.
- The investigation should be reviewed by a licensed midwife committee member mid-point This Committee Member can advise on what allegations are appropriate.
- A licensed midwife committee member should perform a final review before case management.

Currently, a licensed midwife committee member is reviewing incoming complaints and performing final reviews before case management. The changes above would be that the investigator contacts a licensed midwife for generic advice and that there be a midpoint review. Ms. Meyer indicated that Program would be willing to set up meetings between a licensed midwife committee member and the investigator primarily performing midwifery cases. The purpose of these meetings would be to help this investigator better understand the midwifery model of practice. In addition, the investigator could call a licensed midwife committee member to obtain general information. However, it still appears that the mid-point review would be considered direction of the investigation.

The Committee asked if they could make direct contact with the Secretary of Health. It was indicated that they could do so but that the Secretary may still ask those folks in charge of the Program and Health Professions Quality Assurance Division to respond to the request. Kathy Naughton indicated that the Committee should work with Ms. Meyer to come to an agreement. Ms. vanRoojen indicated that she would be willing to work with Ms. Meyer in the interim.

### 3.1. Review Number of Expired Licenses.

Statistics show that 9 licenses expired between January and May, 2002. Six new licenses were issued during this time frame. This keeps the number of active licenses between 110 and 120. This is consistent with statistics in the last 10 years. It is too early to determine if the fee raise is affecting the number of licensees. Staff will keep track of this information and bring it to future meetings.

### 3.2. DOH Indirect Costs.

The Committee reviewed a document indicating what the Department of Health indirect charges are and how they are determined. There were two pages indicating the services that are provided from these indirect costs. Ms. Martin asked that the Department share what percentage of indirect costs is spent in each category.

4. Continued Competency

Jennifer Durrie reported that she again spoke with Jane Kilthey of British Columbia regarding continued competency requirements. She reported that the BC midwives are required to renew their CPR annually and Neonatal Resuscitation every two years. They are also required to have an "Emergency Skills" course. If their credential lapses, they would be required to take the course again.

In the case of the credential lapsing, the midwife must demonstrate competence by proof of five years active practice status to include ten hospital births and ten home births. If the credential lapses for more than five years, they would be required to obtain additional training.

Peer Review will also be required to be in place. However, the midwife need only to demonstrate that the peer review has been done. They are not required to submit the actual peer review documentation to the licensing authority.

Kendra Pitzler indicated that she had asked Richard McCartan, assistant attorney general whether quality assurance for renewal of licenses is allowed by law. Mr. McCartan indicated that in reviewing RCW 18.50 and RCW 18.130, he could find nothing that would give the Program that type of authority.

Program and the Committee may still want to consider competency requirements for licenses, which have been expired three or more years.

5. Rules Review of Reporting Requirements

The Committee reviewed the following rules. WAC 246-834-260; 246-834-280; 246-834-290; 246-834-310; 246-834-320; 246-834-330; and 246-834-340. These rules relate to mandatory reporting and require health care institutions, midwifery association or societies, health care service contractors and disability insurance carriers, professional liability carriers, courts, and state and federal agencies to report to the Department any midwife who has had action taken or payments made for unprofessional conduct. The authorizing statute, RCW 18.130.070 allows for such rules and indicate that if a person fails to furnish the required report, the Department may petition the superior court to issue an order to furnish the documents. The authorizing RCW also protects the person from civil liability.

The Committee discussed these rules and noted that the organizations required to report are not even aware these rules exist. Also, if the Department were to find that the organization did not report, taking action through superior court would be a waste of time, since the Department must already have the information to know to take action. In addition, there is now a "Whistle Blower" law in place, which protects the complainant. It was also noted that this law could interfere with the association's plans to implement a peer review process.

Based on the above, the Committee recommended that these rules be repealed.

6. Rules Review of Out-of-State Education.

The Committee reviewed WAC 246-834-065. This allows for applicants who have out-of-state midwifery training to obtain a license.

It was noted that out-of-state educated midwives would need to prove "substantially equivalent requirements" except that the clinical does not mention the 50 observed births required by all other applicants. The Committee recommended that this rule be amended to make it consistent with the rest of the midwifery laws and regulations.

7. Case Management Policy

This issue was discussed in conjunction with the budget and the Committee's request that a licensed midwife committee member review investigations at mid-point to determine if allegations are correct.

It was noted that RCW 18.50.150 states that the midwifery advisory committee shall advise and make recommendations to the secretary on issues. The Case Management team is delegated to make the actual recommendation to the executive director for the Secretary decision. Program currently has a midwifery advisory committee member review the file and make a recommendation, which is taken to the Case Management Team. The current process is consistent with the law.

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ADJOURNMENT:      The meeting was adjourned at 4:30 p.m. Minutes  
prepared by Kendra Pitzler, Program Manager.